

Manual Title Mental Retardation Community Services Manual	Chapter II	Page
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

CHAPTER II

PROVIDER PARTICIPATION REQUIREMENTS

Manual Title Mental Retardation Community Services Manual	Chapter II	Page i
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

## CHAPTER II

### TABLE OF CONTENTS

Participating Provider	1
Provider Enrollment	1
Requests for Participation	1
Participation Requirements	2
Provider Qualifications	4
Targeted Case Management	4
Residential Support	7
Day Support Services	10
Prevocational Services	10
Supported Employment Services	11
Therapeutic Consultation	11
Personal Assistance Services (Agency-Directed)	12
Respite Services (Agency-Directed)	15
Skilled Nursing Services	17
Environmental Modifications	18
Assistive Technology	18
Crisis Stabilization	19
Companion Services (Agency-Directed)	19
Personal Emergency Response System (PERS)	20
Consumer-Directed (CD) Services	21
Consumer-Directed Personal Assistance Services (CD-PA)	23
Consumer-Directed Companion Services (CD-Companion)	25
Requirements of Section 504 of The Rehabilitation Act	26
Utilization of Insurance Benefits	26
Termination of Provider Participation	27
Termination of a Provider Contract upon Conviction of a Felony	28
Reconsideration and Appeals of Adverse Actions	28
Non-State Operated Provider	28
State-Operated Provider	28
Repayment of Identified Overpayments	29

Manual Title Mental Retardation Community Services Manual	Chapter II	Page ii
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

Medicaid Program Information	29
Exhibits	30

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 1
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

## **CHAPTER II PROVIDER PARTICIPATION REQUIREMENTS**

### **PARTICIPATING PROVIDER**

A participating provider is an agency or program that meets the standards and requirements set forth by the Department of Medical Assistance Services (DMAS) and that has a current signed participation agreement with DMAS.

### **PROVIDER ENROLLMENT**

Any provider of services must be enrolled in the Medicaid Program prior to billing for any services provided to Medicaid recipients. Providers must sign the Mental Health, Mental Retardation and Substance Abuse Services Participation Agreement to provide Targeted MR Case Management or the Mental Retardation Waivered Services Participation Agreement to provide any of the MR Waiver services (see the “Exhibits” section at the end of this chapter for samples of these forms). This must be returned with a copy of the required license, certification or approval, as appropriate, to First Health Services – Provider Enrollment Unit.

First Health Services (First Health) is the DMAS contractor responsible for provider enrollment. First Health will review the documentation from the provider that verifies provider qualifications. If the provider meets the qualifications as outlined in this chapter, First Health will send the provider notification that the application has been approved. The provider must maintain documentation (including relevant license, vendor agreement, letter of approval, personnel records, etc.) that verifies the provider’s qualifications for review by DMAS and Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) staff.

Upon receipt of the signed participation agreement and verification of approval, First Health returns a copy of the signed participation agreement to the provider and assigns a provider number. This number must be used on all claims and correspondence submitted to the Medicaid Program.

This manual contains instructions for billing and specific details concerning the Medicaid Program. Providers must comply with all sections of this manual to maintain continuous participation in the Medicaid Program.

### **REQUESTS FOR PARTICIPATION**

To become a Medicaid provider of Mental Retardation Community Services, the provider must:

1. Request the appropriate participation agreement from:

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 2
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

First Health  
VMAP-PEU  
PO Box 26803  
Richmond, Virginia 23261-6803

804-270-5105 or 1-888-829-5373 (in state toll-free), fax – 804-270-7027

2. Forward a signed copy of the participation agreement with a copy of the required license, certification or approval to:

First Health  
VMAP-PEU  
PO Box 26803  
Richmond, Virginia 23261-6803

## **PARTICIPATION REQUIREMENTS**

All providers enrolled in the Virginia Medicaid Program must adhere to the conditions of participation outlined in their participation agreements. Providers approved for participation in the Medicaid Program must perform the following activities, as well as any others specified by DMAS:

- Immediately notify First Health, DMHMRSAS, and DMAS in writing, whenever there is a change in the information which the provider previously submitted to the First Health Enrollment/Certification Unit. For a change of address, notify First Health prior to the change and include the effective date of the change;
- Assure freedom of choice to recipients in seeking medical care from any institution, pharmacy, practitioner, or other provider qualified to perform the service(s) required and participating in the Medicaid Program at the time the service is performed;
- Assure the recipient's freedom to reject medical care and treatment;
- Comply with Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. §§ 2000d through 2000d-4a), which requires that no person be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance on the ground of race, color, or national origin;
- Provide services, goods, and supplies to recipients in full compliance with the requirements of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which states that no otherwise qualified individual with a disability shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The Act requires reasonable accommodations for certain persons with disabilities;

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 3
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

- Provide services and supplies to Medicaid recipients of the same quality and in the same mode of delivery as provided to the general public;
- Charge DMAS for the provision of services and supplies to recipients in amounts not to exceed the provider's usual and customary charges to the general public;
- Accept as payment in full the amount reimbursed by DMAS. 42 CFR § 447.15 provides that a “State Plan must provide that the Medicaid agency must limit participation in the Medicaid Program to providers who accept, as payment in full, the amount paid by the agency .....” The provider should not attempt to collect from the recipient or the recipient's responsible relative(s) any amount that exceeds the usual Medicaid allowance for the service rendered. For example: If a third-party payer reimburses \$5.00 of an \$8.00 charge, and Medicaid's allowance is \$5.00, the provider may not attempt to collect the \$3.00 difference from Medicaid, the recipient, a spouse or a responsible relative.

Providers may not bill DMAS or recipients for broken or missed appointments;

- Accept assignment of Medicare benefits for eligible Medicaid recipients;
- Use Medicaid Program-designated billing forms for submission of charges;
- Maintain and retain business and professional records sufficient to document fully and accurately the nature, scope and details of the care provided;
- In general, such records must be retained for a period of not less than five years from the date of service or as provided by applicable state laws, whichever period is longer. However, if an audit is initiated within the required retention period, the records must be retained until the audit is completed and every exception resolved. Records of minors shall be kept for at least 5 years after such minor has reached the age of 18 years. (Refer to the section titled “Maintaining Records” in Chapter IV;)
- Furnish to authorized state and federal personnel, in the form and manner requested, access to provider records and facilities;
- Disclose, as requested by DMAS, all financial, beneficial, ownership, equity, surety, or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions, or other legal entities providing any form of services to Medicaid recipients; and
- Hold information regarding recipients confidential. A provider shall disclose information in his or her possession only when the information is used in conjunction with a claim for health benefits or the data is necessary for the functioning of DMAS or DMHMRSAS. DMAS and DMHMRSAS shall not

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 4
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

disclose medical information to the public, except as required by applicable law.

- Change of Ownership. When ownership of the provider agency changes, DMAS shall be notified at least 15 calendar days before the date of change.
- All facilities covered by § 1616(e) of the *Social Security Act* in which home and community-based care services will be provided shall in compliance with applicable standards that meet the requirements for board and care facilities. Health and safety standards shall be monitored through the DMHMRSAS' licensure standards, 12 VAC 35-102-10 et seq. or through DSS approved standards for adult foster care providers and licensure standards 22 VAC 40-70-10 et seq.
- Suspected Abuse or Neglect. Pursuant to §§ 63.1-55.3 of the Code of Virginia, if a participating provider knows or suspects that a home and community-based care recipient is being abused, neglected, or exploited, the party having knowledge or suspicion of the abuse, neglect, or exploitation shall report this immediately from first knowledge to the local DSS adult or child protective services worker and to DMHMRSAS.
- Adherence to provider contract and the DMAS provider service manual. In addition to compliance with the general conditions and requirements, all providers enrolled by DMAS shall adhere to the conditions of participation outlined in their individual provider contracts and in the DMAS provider manual.

## PROVIDER QUALIFICATIONS

To qualify as a DMAS provider of selected mental retardation services, the provider of the services must meet the following criteria:

- The provider must demonstrate the ability to serve individuals in need of comprehensive services regardless of the individual's ability to pay or eligibility for Medicaid reimbursement;
- The provider must have the administrative and financial management capacity to meet state and federal requirements; and
- The provider must have the ability to document and maintain individual case records in accordance with State and federal requirements.

### Targeted Case Management

A Mental Health and Mental Retardation (Community Services Board) Participation Agreement to provide Targeted MR Case Management must be obtained by the Community Services Board (CSB) or Behavioral Health Authority (BHA) from DMAS. The CSB/BHA may directly operate Targeted MR Case Management services or may

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 5
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

contract with private agencies. If services are contracted, the CSB/BHA remains the responsible provider, and only the CSB/BHA may bill DMAS for Medicaid reimbursement.

The provider must operate a 24-hour emergency services system and guarantee that individuals have access to emergency services.

An employee of a CSB/BHA or provider, who provides Targeted MR Case Management services, must possess a combination of mental retardation work experience and relevant education which indicates that he or she has the knowledge, skills, and abilities (KSAs), as established by DMHMRSAS, necessary to perform case management services billable under Medicaid.

The Executive Director of the CSB/BHA will certify every three years, via letter to the Commissioner of DMHMRSAS, that the individuals who will provide Targeted MR Case Management services in that catchment area meet the required KSAs. Individuals who do not demonstrate or possess the required KSAs cannot provide Targeted MR Case Management services for which Medicaid reimbursement is received.

For Targeted MR Case Management services to receive Medicaid reimbursement, the individual employed as a Case Manager must have, at a minimum, qualifications that are documented or observable to include:

A. Knowledge of:

1. The nature and causes of mental retardation and program philosophy for service provision;
2. Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning, and service coordination;
3. Different types of assessments, including functional assessment, and their uses in service planning;
4. Human rights;
5. Local community resources and service delivery systems, including support services (e.g., housing, financial, social welfare, dental, educational, transportation, communications, recreation, vocational, legal/advocacy), eligibility criteria and intake processes, termination criteria and procedures, and generic community resources (e.g., churches, clubs, self-help groups);
6. Types of mental retardation programs and services;



Manual Title Mental Retardation Community Services Manual	Chapter II	Page 6
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

7. Effective oral, written, and interpersonal communication principles and techniques;
8. General principles of record documentation; and
9. The service planning process and major components of a service plan.

B. Skills in:

1. Interviewing;
2. Negotiating with individuals and service providers;
3. Observing, recording, and reporting on an individual's functioning;
4. Identifying and documenting an individual's need for resources, services and other supports;
5. Using information from assessments, evaluations, observation and interviews to develop service plans;
6. Identifying services within the community and established service system to meet the individual's needs;
7. Formulating, writing and implementing individualized service plans to promote goal attainment;
8. Coordinating the provision of services by diverse public and private providers;
9. Identifying community resources and organizations and coordinating resources and activities; and
10. Using assessment tools (e.g., level of function scale, life profile scale).

C. Abilities to:

1. Be persistent and remain objective;
2. Work as a team member, maintaining effective inter- and intra-agency working relationships;
3. Demonstrate a positive regard for individuals and their families (e.g., treating people as individuals, allowing risk-taking, avoiding stereotyping of people with mental retardation, respecting individuals' and families' privacy, and believing individuals are valuable members of society);
4. Work independently performing position duties under general supervision;

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 7
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

5. Communicate effectively, verbally and in writing; and
6. Establish and maintain ongoing supportive relationships.

The individual providing Targeted MR Case Management services is not required to be a member of an organizational unit that provides only case management services. The case manager who is not a member of an organized case management unit must possess a job description that describes case management activities as job duties, must provide services as defined for Targeted MR Case Management services and must comply with service expectations and documentation requirements as required for organized case management units.

An individual cannot be a direct service provider and case manager for the same individual.

The MR Waiver offers the following services: residential support, supported employment, respite (agency and consumer-directed), environmental modifications, assistive technology, day support, prevocational services, therapeutic consultation, personal assistance (agency and consumer-directed), companion care (agency and consumer-directed), skilled nursing, personal emergency response systems and crisis stabilization. Provider qualifications to provide these services are listed separately.

### Residential Support

A Mental Retardation Waiver Services Participation Agreement to provide Residential Support services must be obtained from First Health. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

Residential Support providers for adults (age 18 years and older) must meet one of the following provider categories:

1. An agency licensed by DMHMRSAS as a provider of Residential Services which may provide and bill for Congregate Residential Support services or, in some cases, Supported Living/In-home Support services when the DMHMRSAS Office of Licensing has approved the provider under their Residential license to provide less than 24 hour care in supervised apartments or other Office of Licensing approved settings (e.g., a provider operates supervised apartments under its Residential Services license and, with the agreement of Office of Licensing staff, provides less than 24 hour care to an individual in one of the apartments, but when services are rendered they are one-to-one with this individual. The provider may bill for Supported Living/In-home Support.);
2. An agency licensed by DMHMRSAS as a provider of Supportive Residential Services which may provide and bill for Supported Living/In-home Support services or in some cases, Congregate Residential support when the provider goes into the home (not a group home) to provide services simultaneously to more than one individual living in that home (e.g., a provider operates a supported living

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 8
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

apartment, under its Supportive Residential Services license, in which two individuals reside. One staff person per shift assists both individuals simultaneously with activities of daily living and community access per their ISPs. (This provider may bill Congregate Residential Support for these two individuals.);

3. An agency licensed by DMHMRSAS as a provider of Sponsored Placement Services which may provide and bill for Congregate Residential Support services;
4. A provider approved by the local DSS as an Adult Foster Care/Adult Family Care provider, using regulations promulgated by DSS which may provide and bill for Congregate Residential Supports.

Residential Support providers for children (under age 18 years) must meet one of the following provider categories:

1. An agency licensed by DMHMRSAS as a provider of Supportive Residential Services which may provide and bill for Supported Living/In-home Supports or, in some cases, Congregate Residential Support when the provider goes into the home (not a group home) to provide services simultaneously to more than one individual living in that home (e.g., a family has two children both receiving MR Waiver residential services in the family home. The Supportive Residential Services provider that is serving both children simultaneously may bill for Congregate Residential Support); or
2. An agency licensed by DMHMRSAS with an Interdepartmental License (under the Consortium of Interdepartmental Regulations), which may provide and bill for Congregate Residential Supports.

Residential Support services may also be provided in Assisted Living Facilities licensed by DSS for MR Waiver recipients who were receiving Congregate Residential Support services in those facilities as of September 15, 2001. Services may continue to be provided for those individuals under the DSS license until September 15, 2002, if the Assisted Living Facility filed an application with DMHMRSAS for a Residential Services license by September 15, 2001. Assisted Living Facilities that are seeking licensing through DMHMRSAS that allows them to provide Congregate Residential Support services will need to be licensed by September 15, 2002, in order to continue providing Congregate Residential Support services to individuals in the MR Waiver. If at any point the licensing process is terminated by the provider or DMHMRSAS, DMHMRSAS will notify DMAS to terminate the provider participation agreement.

Providers must also assure that persons providing Residential Support services have received training in the characteristics of mental retardation and appropriate interventions, training strategies and other methods of supporting individuals with functional limitations. Within 30 days of beginning to provide MR Waiver services, any individual providing direct care must review the DMHMRSAS *Mental Retardation Staff Orientation Workbook* with the program supervisor or trainer and successfully complete the accompanying test by answering correctly 56 questions or more.

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 9
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

It is the responsibility of the provider to assure that the *Orientation Workbook* is administered according to the following:

1. The program supervisor or trainer must have received training on the use of the *Orientation Workbook* by a DMHMRSAS-trained individual or by viewing the "Supervisor Training Video;"
2. The program supervisor or trainer should review the content of the workbook prior to training and testing direct support staff;
3. The program supervisor or trainer may vary the approach to train staff, but at no time should the workbook be used as a self-study tool by direct support staff. The intent is for the supervisor/trainer to spend time with employees discussing the workbook content and issues related to the individuals they are supporting;
4. Documentation of administration of the workbook should be recorded on the "Supervisor Assurance Certificate," kept on file, and available during a Utilization Review;
5. Documentation that staff reviewed and successfully completed the workbook should be recorded on the "Direct Support Staff Assurance Certificate;" and
6. It is not necessary for supervisors or staff to repeat their training if they change employment, but they may file a copy of the original certificate with successive employers.

Private providers or a CSB/BHA may employ or contract with individuals who meet the requirements to provide Residential Support, but the provider or CSB/BHA must have a provider agreement with DMAS to provide Residential Support and bill for the services provided by those individuals. Residential Support providers may be members of the individual's family, but not be the parents of minor children, the individuals' spouses, or legally responsible relatives for the individuals. Payment may not be made for services rendered by other family members who live under the same roof as the individual, unless there is objective written documentation as to why there are no other providers available to provide the care. Family members who provide Residential Support services must meet the same standards as providers who are unrelated to the individual.

Order the *Mental Retardation Staff Orientation Workbook*, certificates and accompanying test materials from:

DMAS Order Desk  
Commonwealth/Martin  
1700 Venable Street  
Richmond, Virginia 23222  
(804) 780-0076 Fax (804) 780-0198

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 10
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

The supervisor training video is available on loan from the following sources. The videotape is not copyrighted, and providers are encouraged to make copies for future use. The sources for obtaining it are:

1) Local Community Services Boards

2) Office of Mental Retardation

Department of Mental Health, Mental Retardation and Substance Abuse Services  
P. O. Box 1797  
Richmond, Virginia 23218-1797  
(804) 786-1746

3) Private Provider Associations

4) Virginia Network of Private Providers  
7501 Boulders View Drive, Suite 310  
Richmond, Virginia 23225  
(804) 560-4640

### Day Support Services

A Mental Retardation Waiver Services Participation Agreement to provide Day Support services must be obtained from First Health. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

Day Support providers must be licensed by DMHMRSAS as a provider of Day Support services.

Providers must assure and document that persons providing Day Support services have received training, within 30 days of beginning to provide MR Waiver services, in the characteristics of mental retardation and appropriate interventions, training strategies and methods of supporting individuals with functional limitations. A suggested resource is the *Mental Retardation Staff Orientation Workbook* and accompanying materials.

### Prevocational Services

A Mental Retardation Waiver Services Participation Agreement to provide Prevocational services must be obtained from First Health. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

Providers of Prevocational services must be either:

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 11
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

1. A vendor of extended employment services, long-term employment support services, or supported employment services for the Department of Rehabilitative Services; or
2. Be licensed by DMHMRSAS as a provider of day support services.

Providers must assure and document that persons providing Prevocational services have received training, within 30 days of beginning to provide MR Waiver services, in the characteristics of mental retardation and appropriate interventions, training strategies and methods of supporting individuals with functional limitations. A suggested resource is the *Mental Retardation Staff Orientation Workbook* and accompanying materials.

#### Supported Employment Services

A Mental Retardation Waiver Services Participation Agreement to provide Supported Employment services must be obtained from First Health. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

Supported Employment providers must be a vendor of supported employment services with the Department of Rehabilitative Services (DRS).

#### Therapeutic Consultation

A Mental Retardation Waiver Services Participation Agreement to provide Therapeutic Consultation services must be obtained from First Health. An individual consultant with the necessary qualifications may obtain a DMAS Participation Agreement or be employed by or contracted with a provider with a Participation Agreement to provide the services. The provider designated in the participation agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

The following types of Therapeutic Consultation are reimbursable as MR Waiver services when the individual consultant or the employee of an agency with a valid Participation Agreement meets the required provider standard:

1. Psychology Consultation
  - a. A Psychologist who is licensed by the Commonwealth of Virginia; or
  - b. A Licensed Professional Counselor who is licensed by the Commonwealth of Virginia; or
  - c. A Licensed Clinical Social Worker who is licensed by the Commonwealth of Virginia
  - d. A Psychiatric Clinical Nurse Specialist who is licensed by the Commonwealth of Virginia; or

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 12
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

e. A Psychiatrist who is licensed by the Commonwealth of Virginia.

2. Behavior Consultation

Only individuals who were previously certified by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services to provide Behavioral Consultation under the MR Waiver may provide this service.

3. Speech Consultation

- Speech-Language Pathologist who is licensed by the Commonwealth of Virginia.

4. Occupational Therapy Consultation

- Occupational Therapist who is certified by the Commonwealth of Virginia.

5. Physical Therapy Consultation

- Physical Therapist who is licensed by the Commonwealth of Virginia.

6. Therapeutic Recreation Consultation

- Therapeutic Recreational Specialist who is certified by the National Council for Therapeutic Recreation Certification.

7. Rehabilitation Engineer Consultation

Personal Assistance Services (Agency-Directed)

A Mental Retardation Waiver Services Participation Agreement to provide Personal Assistance services must be obtained from First Health, except for those providers that have a DMAS Participation Agreement to provide Personal Care services. DMAS enrolled Personal Care providers may provide MR Waiver Personal Assistance under that agreement. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

The following types of providers can deliver Personal Assistance Services:

1. Licensed by DMHMRSAS as a provider of Residential Services or Supportive Residential Services. These providers must employ a program (residential services) supervisor who will provide ongoing supervision of all personal assistants and conduct the initial assessment and subsequent reassessments; or
2. Personal Care/Respite providers who have a participation agreement with DMAS. These providers (other than DMHMRSAS-licensed providers) must:

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 13
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

- a. Employ or subcontract with and directly supervise a RN or a LPN who will provide ongoing supervision of all personal assistants. RNs must conduct the initial assessment and subsequent reassessments;
- b. The supervising RN or LPN must be currently licensed to practice nursing in the Commonwealth and have at least 2 years of related clinical nursing experience which may include work in an acute care hospital, public health clinic, home health agency, ICF/MR or nursing facility;
- c. Employ and directly supervise personal assistants who will provide direct care to individuals. Each assistant hired by the provider shall be evaluated by the provider agency to ensure compliance with minimum qualifications as required by the DMAS. Each assistant must:
  - (1) Be able to read and write English to the degree necessary to perform the tasks expected;
  - (2) Complete a training curriculum consistent with DMAS requirements. Prior to assigning an assistant to an individual, the provider agency must obtain documentation that the assistant has satisfactorily completed this training program. DMAS requirements may be met in one of three ways:
    - (a) Registration as a Certified Nurse Aide;
    - (b) Graduation from an approved educational curriculum which offers certificates qualifying the student as a Nursing Assistant, Geriatric Assistant, or Home Health Aide; or
    - (c) Completion of provider-offered training, which is consistent with the basic course outline found in the "Exhibits" section at the end of this chapter and subject to prior approval from DMAS;
  - (3) Be physically able to do the work; and
  - (4) Have a satisfactory work record, as evidenced by two references from prior job experiences, including no evidence of possible abuse, neglect, or exploitation of aged or incapacitated adults or children.

All Personal Assistance services providers must also assure and document that persons providing Personal Assistance services have received training in the characteristics of mental retardation and appropriate interventions, training strategies, and other methods of supporting individuals with functional limitations. Within 30 days of beginning to provide MR Waiver services, any provider providing direct care must review the DMHMRSAS *Mental Retardation Staff Orientation Workbook* with the program supervisor or trainer and successfully complete the accompanying test by answering correctly 56 questions or more.



Manual Title Mental Retardation Community Services Manual	Chapter II	Page 14
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

It is the responsibility of the provider to assure that the *Orientation Workbook* is administered according to the following:

1. The program supervisor or trainer must have received training on the use of the *Orientation Workbook* by a DMHMRSAS-trained individual or by viewing the supervisor training video;
2. The program supervisor or trainer should review the content of the workbook prior to training and testing direct support staff;
3. The program supervisor or trainer may vary the approach to training staff, but at no time should the workbook be used as a self-study tool by direct support staff. The intent is for the supervisor/trainer to spend time with employees discussing the workbook content and issues related to the individuals they are supporting;
4. Documentation of administration of the workbook should be recorded on the Supervisor Assurance Certificate, kept on file, and available during a Utilization Review;
5. Documentation that staff reviewed and successfully completed the workbook should be recorded on the Direct Support Staff Assurance Certificate; and
6. It is not necessary for supervisors or staff to repeat their training if they change employment, but they may file a copy of the original certificate with successive employers.

Order the *Mental Retardation Staff Orientation Workbook*, certificates, and accompanying test materials from:

DMAS Order Desk  
Commonwealth/Martin  
1700 Venable Street  
Richmond, Virginia 23222  
(804) 780-007 Fax (804) 780-0198

The supervisor training video is available on loan from the following sources. The videotape is not copyrighted, and providers are encouraged to make copies for future use. The sources for obtaining it are:

- 1) Local Community Services Board
- 2) Office of Mental Retardation

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 15
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

Department of Mental Health, Mental Retardation  
and Substance Abuse Services  
P. O. Box 1797  
Richmond, Virginia 23218-1797  
(804) 780-0198

- 3) Private Provider Association
- 4) Virginia Network of Private Providers  
7501 Boulders View Drive, Suite 310  
Richmond, Virginia 23225  
(804) 560-4640

DMAS will not contract directly with individuals to provide Personal Assistance services. Private agencies or CSBs/BHAs may employ or contract with individuals who meet the requirements to provide Personal Assistance services, but must then have a Provider Agreement with DMAS to provide Personal Assistance services and bill for the services provided by those individuals.

Personal Assistance service providers may be related to an individual, but may not be the parents of minor children, the individuals' spouses or legally responsible relatives of the individuals. Payment may not be made for services furnished by other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Family members who provide Personal Assistance services must meet the same standards as providers who are unrelated to the individual.

#### Respite Care Services (Agency-Directed)

A Mental Retardation Waiver Services Participation Agreement to provide Respite Care Services must be obtained from DMAS. Providers that have a DMAS Participation Agreement to provide Respite Care Services may provide MR Waiver Respite Services under this agreement. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

Any of the following types of providers can provide Respite Care Services:

- 1) As defined in 12 VAC 35-102-10, a provider licensed by DMHMRSAS as a provider of :
  - a) Supportive Residential services, which may provide Respite Care Services based in and from the individual's home;
  - b) Center-Based Respite services, which may provide Respite services based in and from the approved respite center (licensed facility);
  - c) In-Home Respite Services, which may provide Respite services based in and from the individual's home;

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 16
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

- d) Out-of-home Respite Care Services, which may provide Respite services based in and from the provider's home; or
- e) Residential services, which may provide Respite services based in and from the currently licensed group home, as long as the residential respite services are approved by DMHMRSAS Office of Licensing.

Private providers and CSBs/BHAs licensed by DMHMRSAS to provide Respite Care Services may employ or register individuals to provide Respite Care Services, but must then have a provider agreement with DMAS to provide Respite services and bill for the services provided by those individuals. Individuals who are registered in this manner must be recruited, trained, and supervised by that licensed organization;

- 2) A provider approved by DSS as a Foster Care Home for Children, which may provide Respite services based from the provider's home to children only;
- 3) A provider approved by DSS as an Adult Foster Home which may provide Respite services based from the provider's home to adults only; or
- 4) A Personal Care/Respite provider currently enrolled with DMAS to provide Respite services, which may provide MR Waiver Respite services based in and from the home of the individual.

Individuals employed by a Personal Care/Respite provider (other than DMHMRSAS licensed or DSS approved providers) who provide care must meet the requirements of DMAS Personal/Respite Aide. Basic qualifications for Personal/Respite Aides include:

- Physical ability to do the work;
- Ability to read and write English to the degree necessary to perform the tasks expected; and
- Completion of a training curriculum consistent with DMAS requirements. Prior to assigning an assistant to an individual, the provider must obtain documentation that the assistant has satisfactorily completed a training program consistent with DMAS requirements. DMAS requirements may be met in one of three ways:
  - (a) Registration as a Certified Nurse Aide;
  - (b) Graduation from an approved educational curriculum which offers certificates qualifying the student as a Nursing Assistant, Geriatric Assistant, or Home Health Aide; or

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 17
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

- (c) Completion of provider-offered training, which is consistent with the basic course outline found in the “Exhibits” section at the end of this chapter and subject to prior approval from DMAS.

If the provider is a DMAS enrolled Personal Care/Respite Care provider (other than DMHMRSAS or DSS licensed or approved providers), the Respite provider must employ or subcontract with and directly supervise an RN or an LPN who will provide ongoing supervision of all respite assistants:

- (1) The RN or LPN must be currently licensed to practice in the Commonwealth and have at least two years of related clinical nursing experience, which may include work in an acute care hospital, public health clinic, home health agency, or nursing facility.
- (2) Based on continuing evaluations of the assistant’s performance and individual’s needs, the RN or LPN supervisor shall identify any gaps in the assistant’s ability to function competently and shall provide training as indicated.

Respite providers may be related to an individual, but may not be members of the immediate family, which is defined as parents of minor children, spouses or legally responsible relatives for the individuals. Payments may not be made to other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Relatives who provide Respite services must meet the same standards as providers who are unrelated to the individual.

Foster Care providers are not eligible to receive Respite services as they are considered paid caregivers.

### Skilled Nursing Services

A Mental Retardation Waiver Services Participation Agreement to provide Skilled Nursing services must be obtained from First Health. Providers that have a DMAS Participation Agreement to provide Private Duty Nursing or Home Health services may provide MR Waiver Skilled Nursing services under this agreement. The provider designated in the Participation Agreement is the responsible provider and must bill DMAS for Medicaid reimbursement.

The following types of providers can provide Skilled Nursing services:

1. A provider enrolled by DMAS as a Private Duty Nursing or Home Health provider; or
2. A Registered Nurse or Licensed Practical Nurse, under the supervision of a Registered Nurse, licensed by the Commonwealth of Virginia and contracted or employed by DMHMRSAS licensed Respite, Day Support or Residential Support providers.

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 18
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

Skilled Nursing services may be provided by persons related to an individual, but may not be members of the immediate family, which is defined as parents of minor children, spouses or legally responsible relatives for the individuals. Payments may not be made to other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Relatives who provide Nursing services must meet the same standards as providers who are unrelated to the individual.

A Foster Care provider may not be the Nursing services provider for the same persons to whom they provide Foster Care.

### Environmental Modifications

Only the Department of Rehabilitation Services (DRS), a CSB/BHA, or Durable Medical Equipment (DME) providers may bill for Medicaid reimbursement for Environmental Modifications provided by individuals or companies contracted by the CSB/BHA or DRS to make the necessary modifications. Therefore, in cases where a CSB's/BHA's participation agreement does not include Environmental Modifications, the CSB/BHA must expand its Mental Retardation Waiver Services Participation Agreement to include Environmental Modifications. The contractor must:

1. Comply with all applicable state and local building codes, with accommodations to meet the individual's needs (code variations permitted in individuals' residences, excluding group homes);
2. If used previously by the CSB/BHA, have satisfactorily completed previous environmental modifications; and
3. Be available for any service or repair of the environmental modifications.

As described in Chapter IV, it is possible that the services of any or all of the following three professions may be required to complete one environmental modification:

1. A Rehabilitation Engineer;
2. A building contractor; or
3. A vendor who supplies the necessary materials.

### Assistive Technology

Only a CSB/BHA or a Durable Medical Equipment provider may bill for this service. In cases where a CSB's/BHA's participation agreement does not include Assistive Technology, the CSB/BHA must expand its Mental Retardation Waiver Services Participation Agreement to provide Assistive Technology.

DMAS contracts directly with Durable Medical Equipment providers, which routinely provide specialized medical equipment and supplies in accordance with the Virginia *State*

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 19
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

*Plan for Medical Assistance.* Equipment or supplies not covered by the *State Plan* may be purchased under MR Waiver Assistive Technology.

### Crisis Stabilization

A Mental Retardation Waiver Services Participation Agreement to provide Crisis Stabilization for clinical services or Crisis Supervision for direct supervision services must be obtained from First Health. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

A Crisis Stabilization clinical or behavioral intervention services provider must be licensed by DMHMRSAS as a provider of Outpatient services, Residential services, Supportive Residential services, or Day Support services.

In addition to meeting the above licensing requirements, the clinical services provider must employ or utilize qualified mental retardation professionals, licensed mental health professionals, or other personnel competent to provide clinical or behavioral interventions. These might include crisis counseling, behavioral consultation, or related activities to individuals with mental retardation who are experiencing serious psychiatric or behavioral problems. The face-to-face assessment or reassessment required to initiate or continue this service must be conducted by a qualified mental retardation professional.

The qualified mental retardation professional providing Crisis Stabilization services must have:

1. At least one year of documented experience working directly with individuals who have mental retardation or developmental disabilities; and
2. A bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, or psychology.

In addition to having the above qualifications, the qualified mental retardation professional providing the Crisis Stabilization must have:

3. The required Virginia or national license, registration, or certification, as is applicable, in accordance with his or her profession.

To provide the Crisis Supervision component, providers must be licensed by DMHMRSAS as providers of outpatient services of Residential or Supportive Residential services, or Day Support services.

### Companion Services (Agency-Directed)

A provider must have a current DMAS Participation Agreement to provide Companion Services. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 20
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

The following types of providers can deliver Companion services:

1. Licensed by DMHMRSAS as a provider of Residential Services, Supportive Residential Services, Day Support, or Respite services; or
2. DMAS enrolled Personal Care/Respite provider.

Providers that provide Companion Services must employ individuals who meet the following requirements:

- Be at least 18 years of age;
- Possess the ability to read and write in English (to the degree necessary to perform the tasks expected) and basic math skills;
- Be capable of following a plan of care with minimal supervision;
- Submit to criminal history record check. The companion will not be compensated for services provided to the individual if the records check verifies the companion has been convicted of crimes described in § 37.1-183.3 of the *Code of Virginia*;
- Possess a valid Social Security number; and
- Be capable of aiding in the activities of daily living or instrumental activities of daily living.

Companions must be employees of providers that contract with DMAS to provide companion services. Providers are required to have a companion supervisor to monitor companion services. The supervisor must have a bachelor's degree in the human services field and at least one year of experience working in the mental retardation field, or be a LPN, or a RN with a current license or certification to practice in the Commonwealth.

Companions cannot be spouses, parents of minor children, or legally responsible relatives for the individuals. Payment will not be made for services furnished by other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Relatives who provide Companion Services must meet the same standards as providers who are unrelated to the individual.

#### Personal Emergency Response System (PERS)

A Personal Emergency Response System (PERS) provider shall be a certified home health or personal care provider, a durable medical equipment provider, a hospital, or a PERS manufacturer that has the ability to provide PERS equipment, direct services, i.e. installation, equipment maintenance and service calls, and PERS monitoring. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 21
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

The PERS provider must provide an emergency response center staff with fully trained operators that are capable of receiving signals for help from an individual's PERS equipment 24-hours a day, 365, or 366 as appropriate, days per year; determining whether an emergency exists; and notifying an emergency response organization or an emergency responder that the individual needs emergency help.

A PERS provider must comply with all applicable Virginia statutes and all applicable regulations of DMAS and all other governmental agencies having jurisdiction over the services to be performed.

The PERS provider shall have the primary responsibility to furnish, install, maintain, test, and service the PERS equipment, as required to keep it fully operational. The provider shall replace or repair the PERS device within 24 hours of the individual's notification of a malfunction of the console unit, activating devices or medication-monitoring unit while the original equipment is being repaired.

#### Consumer-Directed (CD) Services

#### **CD Services Facilitation**

Providers must have a current DMAS Participation Agreement to provide CD Services Facilitation services. To be enrolled as a Medicaid CD Services Facilitation provider and maintain provider status, the CD Services Facilitator shall have sufficient resources to perform the required activities. In addition, the CD Services Facilitator must have the ability to maintain and retain business and professional records sufficient to document fully and accurately the nature, scope, and details of the services provided.

The current best practice recommends CD Services Facilitators support no more than approximately 35 individuals in order to maintain quality service provision.

It is preferred that the CD Services Facilitator possess a minimum of an undergraduate degree in a human services field or be a registered nurse currently licensed to practice in the Commonwealth. In addition, it is preferable that the CD Services Facilitator have two years of satisfactory experience in the human services field working with persons with mental retardation. The CD Services Facilitator shall possess a combination of work experience and relevant education, which indicates possession of the following knowledge, skills, and abilities. Such knowledge, skills, and abilities must be documented on the provider's application form, found in supporting documentation or be observed during a job interview. Observations during an interview must be documented. The knowledge, skills, and abilities shall include, but not necessarily be limited to:

Knowledge of:

- types of functional limitations and health problems that are common to persons with mental retardation and other disabilities, as well as strategies to reduce limitations and health problems;



Manual Title Mental Retardation Community Services Manual	Chapter II	Page 22
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

- physical assistance that may be required by people with mental retardation, such as transferring, bathing techniques, bowel and bladder care, and the approximate time those activities normally take;
- equipment and environmental modifications that may be used by people with mental retardation which reduces the need for human help and improves safety;
- various long-term care program requirements, including nursing home and ICF-MR placement criteria, Medicaid waiver services, and other federal, state, and local resources that provide personal assistance, respite, and companion services;
- MR Waiver requirements, as well as the administrative duties for which the individual will be responsible;
- conducting assessments (including environmental, psychosocial, health, and functional factors) and their uses in care planning;
- interviewing techniques;
- the individual's right to make decisions about, direct the provisions of, and control his personal assistance, respite and companion services, including hiring, training, managing, approving time sheets, and firing an assistant or companion;
- the principles of human behavior and interpersonal relationships; and
- general principles of record documentation.

Skills in:

- negotiating with individuals and service providers;
- observing, recording, and reporting behaviors;
- identifying, developing, or providing services to persons with mental retardation; and
- identifying services within the established services system to meet the individual's needs;

Abilities to:

- report findings of the assessment or onsite visit, either in writing or an alternative format for persons who have visual impairments;
- demonstrate a positive regard for individuals and their families;

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 23
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

- be persistent and remain objective;
- work independently, performing position duties under general supervision;
- communicate effectively, verbally and in writing; and
- develop a rapport and communicate with different types of persons from diverse cultural backgrounds.

If the CD Services Facilitator is not a RN, the CD Services Facilitator must have RN consulting services available, either by a staffing arrangement or through an agreement. The RN consultant is to be available as needed to consult with individuals or CD Services Facilitators on issues related to the health needs of the individual. This requirement does not involve an actual visit to the individual and is not meant to replace appropriate physician's office visits.

The provider providing CD Services may not also be the case manager or direct service provider for a given individual. The CD Services Facilitator may not be the individual or the primary caregiver of the individual receiving services.

#### Consumer-Directed Personal Assistance Services (CD-PA)

For CD-PA, individuals will hire their own personal assistants and manage and supervise the assistant's performance. If an individual is unable to direct his or her own services, a family caregiver may act on behalf of the individual as the employer of the assistant.

Personal assistants do not need to be enrolled with DMAS (i.e., have a participation agreement) to provide CD-PA services.

Personal assistant qualifications include but shall not be necessarily limited to the following requirements. The assistant must:

- Be 18 years of age or older;
- Have the required skills to perform Personal Assistance services as specified in the individual's ISP;
- Possess basic math, reading, and writing skills;
- Possess a valid Social Security number;
- Submit to a criminal records check and, if the individual, to whom the personal assistant will be providing services, is a minor, the child protective services registry. The personal assistant will not be compensated for services provided to the individual if the records check verifies the personal assistant has been convicted of crimes described in the Code of Virginia § 37.1-183.3,

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 24
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

or if the personal assistant has a complaint confirmed by the DSS child protective services registry.

- Be willing to attend training at the individual's or family's request (time spent attending such training may be reimbursed through Medicaid billing under this service);
- Understand and agree to comply with the DMAS MR waiver requirements;
- Agree to receive annual tuberculosis (TB) screening, cardiopulmonary resuscitation (CPR) training and, as appropriate, an annual flu immunization; and
- Be willing to register in a personal assistant registry that will be maintained by the CD services facilitator coordinator chosen by the individual or individual's family caregiver.

Personal Assistants shall not be spouses, parents of minor children, or legally responsible relatives for the individuals. Payment will not be made for services furnished by other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Relatives who provide CD-PA services must meet the same standards as providers who are unrelated to the individual.

#### Consumer-Directed Respite Services (CD-Respite)

For CD-Respite services, individuals will hire their own respite assistants and manage and supervise the assistant's performance. If an individual is unable to direct his or her own services, a family caregiver may act on behalf of the individual as the employer.

Respite assistants do not need to be enrolled with DMAS (i.e., have a participation agreement).

Respite assistant qualifications include but shall not be necessarily limited to the following requirements. The assistant must:

- Be 18 years of age or older;
- Have the required skills to perform Respite services as specified in the individual's ISP;
- Possess basic math, reading, and writing skills;
- Possess a valid Social Security number;
- Submit to a criminal records check and, if the individual, to whom the respite assistant will be providing services, is a minor, the child protective services registry. The respite assistant will not be compensated for services provided to the individual if the records check verifies that the respite assistant has been

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 25
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

convicted of crimes described in the Code of Virginia § 37.1-183.3, of the *Code of Virginia*; or if the respite assistant has a complaint confirmed by the DSS child protective services registry.

- Be willing to attend training at the individual's or family's request (time spent attending such training may be reimbursed through Medicaid billing under this service);
- Understand and agree to comply with the DMAS MR Waiver requirements;
- Receive annual tuberculosis (TB) screening, cardiopulmonary resuscitation (CPR) training and, as appropriate, an annual flu immunization; and
- Be willing to register in a personal assistant registry that will be maintained by the CD Services Facilitator chosen by the individual or individual's family caregiver.

Respite assistants may not be the parents of minor children, the individuals' spouses, or legally responsible relatives for the individuals. Payment may not be made for services furnished by other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Relatives who provide CD-Respite services must meet the same standards as providers who are unrelated to the individual.

#### Consumer-Directed Companion Services (CD-Companion)

For CD-Companion services (a service available only to adults, aged 18 and older), individuals will hire their own companions and manage and supervise the companion's performance. If an individual is unable to direct his or her own services, a family caregiver may act on behalf of the individual as the employer of the companion.

Consumer-Directed Companions do not need to be enrolled with DMAS (i.e., have a participation agreement).

Consumer-Directed Companion qualifications include but shall not be necessarily limited to the following requirements. The companion must:

- Be at least 18 years of age;
- Possess basic reading, writing, and math skills;
- Be capable of following a plan of care with minimal supervision;
- Submit to criminal history record check. The companion will not be compensated for services provided to the individual if the records check verifies the companion has been convicted of crimes described in § 37.1-183.3 of the *Code of Virginia*;

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 26
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

- Possess a valid Social Security number; and
- Be capable of aiding in the activities of daily living or instrumental activities of daily living.

Companions cannot be spouses, parents of minor children, or legally responsible relatives for the individuals. Payment will not be made for services furnished by other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Relatives who provide CD-Companion services must meet the same standards as providers who are unrelated to the individual.

## **REQUIREMENTS OF SECTION 504 OF THE REHABILITATION ACT**

Section 504 of the Rehabilitation Act, as amended (29 U.S.C. § 794), provides that no individual with a disability shall, solely by reason of the disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance. As a condition of participation, each Medicaid provider is responsible for making provision for disabled individuals in his or her program activities.

In the event a discrimination complaint is lodged, DMAS is required to provide the Office of Civil Rights (OCR) with any evidence regarding compliance with these requirements.

## **UTILIZATION OF INSURANCE BENEFITS**

The Virginia Medical Assistance Program is a “last pay” program. Benefits available under Medical Assistance shall be reduced to the extent that they are available through other federal, State, or local programs; coverage provided under federal or State law; other insurance; or third party liability. Health, hospital, Workers' Compensation, or accident insurance benefits shall be used to the fullest extent in meeting the medical needs of the covered person. Supplementation of available benefits shall be as follows:

- **Title XVIII (Medicare)** - Virginia Medicaid will pay the amount of any deductible or coinsurance for covered health care benefits under Title XVIII of the Social Security Act for all eligible persons covered by Medicare and Medicaid.
- **Workers' Compensation** - No Medicaid Program payments shall be made for a patient covered by Workers' Compensation.
- **Other Health Insurance** - When an individual has other health insurance (such as CHAMPUS/TRICARE, Blue Cross-Blue Shield, or Medicare), Medicaid requires that these benefits be used first. Supplementation shall be made by the Medicaid Program when necessary, but the combined total payment from all insurance shall not exceed the amount payable under Medicaid had there been no other insurance.

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 27
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

- **Liability Insurance for Accidental Injuries** - DMAS will seek repayment from any settlements or judgments in favor of Medicaid recipients who receive medical care as the result of the negligence of another. If an individual is treated as the result of an accident and DMAS is billed for this treatment, Medicaid should be notified promptly so action can be initiated by Medicaid to establish a lien as set forth in the Code of Virginia § 8.01-66.9. In liability cases, providers may choose to bill the third-party carrier or file a lien in lieu of billing Medicaid.
- In the case of an accident in which there is a possibility of third-party liability or if the individual reports a third-party responsibility (other than those cited on his or her Medical Assistance Identification Card), and whether or not Medicaid is billed by the provider for rendered services related to the accident, the provider must forward the DMAS-1000 to:

Third Party Liability Casualty Unit  
Virginia Medical Assistance Program  
600 East Broad Street  
Richmond, Virginia 23219

(See the "Exhibits" section at the end of this chapter for a sample of this form and at the end of Chapter V for ordering the DMAS-1000.)

## **TERMINATION OF PROVIDER PARTICIPATION**

A participating provider may terminate participation in Medicaid (either a termination of all Medicaid services or any one or more of several services being provided by the agency) at any time; however, written notification must be provided the DMAS Director and FH-PEU thirty (30) days prior to the effective date. The addresses are:

Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

First Health  
VMAP-PEU  
PO Box 26803  
Richmond, Virginia 23261-6803

804-270-5105 or 1-888-829-5373 (in state toll-free), fax – 804-270-7027

DMAS may terminate a provider from participating in the Medicaid program upon thirty (30) days written notification prior to the effective date. Such action precludes further payment by DMAS for services provided to recipients subsequent to the date specified in the termination notice.

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 28
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

## **TERMINATION OF A PROVIDER CONTRACT UPON CONVICTION OF A FELONY**

Subsection (c) of § 32.1-325 of the Code of Virginia mandates that “Any such Medicaid agreement or contract shall terminate upon conviction of the provider of a felony.” A provider convicted of a felony in Virginia or in any other of the 50 states must, within 30 days, notify DMAS of this conviction and relinquish his participation agreement. Reinstatement will be contingent upon applicable provisions of state law.

## **RECONSIDERATION AND APPEALS OF ADVERSE ACTIONS**

### Non-State Operated Provider

The following procedures will be available to all non-state operated providers when DMAS takes adverse action, such as termination or suspension of the participation agreement or denial of payment for services rendered based on utilization review decisions.

The reconsideration and appeals process will consist of three phases: a written response and reconsideration to the preliminary findings, the informal conference, and the formal evidentiary hearing. The provider will have 30 days from the date of receipt of the notice to submit information for written reconsideration and will have 30 days from date of receipt of the notice to request the informal conference and/or the formal evidentiary hearing.

An appeal of adverse actions concerning provider reimbursement shall be heard in accordance with the Administrative Process Act (§§ 2.2-4000 et seq. of the Code of Virginia)(the APA) and the State Plan for Medical Assistance provided for in § 32.1-325 of the Code of Virginia. Court review of final agency determinations concerning provider reimbursement shall be made in accordance with the APA.

Any legal representative of a provider must be duly licensed to practice law in the Commonwealth of Virginia.

### State-Operated Provider

The following procedures will be available to state-operated providers when DMAS takes adverse action which includes termination or suspension of the Participation Agreement and denial of payment for services rendered based on utilization review decisions. State-operated provider means a provider of Medicaid services which is enrolled in the Medicaid program and owned or operated by the Commonwealth of Virginia.

A state-operated provider has the right to request a reconsideration for any issue which would be otherwise administratively appealable under the State Plan by a non-state operated provider. This is the sole procedure available to state-operated providers.

The reconsideration process will consist of three phases: an informal review by the Division Director, DMAS Director review, and Secretarial review. First, the state-

Manual Title Mental Retardation Community Services Manual	Chapter II	Page 29
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

operated provider will submit, to the appropriate DMAS Division, written information specifying the nature of the dispute and the relief sought. This request must be received by DMAS within 30 calendar days after the provider receives its Notice of Amount of Program Reimbursement, notice of proposed action, findings letter, or other DMAS notice giving rise to a dispute. If a reimbursement adjustment is sought, the written information must include the nature of the adjustment sought; the amount of the adjustment sought; and the reasons for seeking the adjustment. The Division Director will review this information, requesting additional information as necessary. If either party so requests, an informal meeting may be arranged to discuss a resolution. Any designee shall then recommend to the Division Director whether relief is appropriate in accordance with applicable law and regulations. The Division Director will consider any recommendation of his or her designee and render a decision.

A state-operated provider may, within 30 days after receiving the informal review decision of the Division Director, request that the DMAS Director or his designee review the decision of the Division Director. The DMAS Director has the authority to take whatever measures he deems appropriate to resolve the dispute.

If the preceding steps do not resolve the dispute to the satisfaction of the state-operated provider, within 30 days after receipt of the decision of the DMAS Director, the provider may request the DMAS Director to refer the matter to the Secretary of Health and Human Resources or any other Cabinet Secretary as appropriate. Any determination by such Secretary or Secretaries will be final.

## **REPAYMENT OF IDENTIFIED OVERPAYMENTS**

Pursuant to § 32.1-325.1 of the Code of Virginia, DMAS is required to collect identified overpayments. Repayment must be made upon demand unless a repayment schedule is agreed to by DMAS. When a lump sum cash payment is not made, interest will be added on the declining balance at the statutory rate, pursuant to § 32.1-313.1 of the Code of Virginia. Repayment and interest will not apply pending appeal. Repayment schedules must ensure full repayment within 12 months unless the provider demonstrates, to the satisfaction of DMAS, a financial hardship warranting extended repayment terms.

## **MEDICAID PROGRAM INFORMATION**

Federal regulations governing program operations require Virginia Medicaid to supply program information to all providers. The current system for distributing this information is keyed to the provider number on the enrollment file, which means that each assigned provider receives program information. Providers enrolled at multiple locations or who are members of a group using one central office may receive multiple copies of manuals, updates, and other publications sent by DMAS. Individual providers may request that publications not be mailed to them by completing a written request to the First Health VMAP-PEU at the address given under "Requests for Participation" earlier in this chapter.



Manual Title Mental Retardation Community Services Manual	Chapter II	Page 30
Chapter Subject Provider Participation Requirements	Page Revision Date 10/31/2002	

## **EXHIBITS**

### **TABLE OF CONTENTS**

Mental Health, Mental Retardation and Substance Abuse Services Participation Agreement	1
Instructions for Mental Health, Mental Retardation and Substance Abuse Services Participation Agreement	3
Personal Care Assistant Training Course Outline (Agency Directed)	6
Third Party Liability Form (DMAS-1000)	10
Mailing Suspension Request	11

**DO NOT WRITE IN SHADED AREAS. DO NOT ADD CONDITIONS TO THE AGREEMENT. WE DO NOT ACCEPT AGREEMENTS VIA FAX OR AGREEMENTS ON THERMAL PAPER.**

**Commonwealth of Virginia  
Department of Medical Assistance Services  
Medical Assistance Program**

**Mental Health & Mental Retardation & Substance Abuse Services & Developmental Disability Participation Agreement**

If re-enrolling enter Medicaid Provider Number here \_\_\_\_\_

☐ CSB Provider ☐ Private Provider

This is to certify:	PAYMENT/CORRESPONDENCE ADDRESS	PHYSICAL ADDRESS (REQUIRED IF DIFFERENT FROM PAYMENT ADDRESS)
NAME		
ATTENTION		
ADDR LINE 1		
ADDR LINE 2		
CITY, STATE, ZIP		

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ agrees to participate in the Virginia Medical Assistance Program (VMAP), the Department of Medical Assistance Services, the legally designated State Agency for the administration of Medicaid.

1. The provider is currently licensed, approved, or certified under applicable laws of the state as of \_\_\_\_\_ to provide the services checked below.

**MH/MR SA Services**

<input type="checkbox"/>	Crisis Intervention
<input type="checkbox"/>	Crisis Stabilization
<input type="checkbox"/>	Day Treatment for Children/Adolescents
<input type="checkbox"/>	Day Treatment for Pregnant Women
<input type="checkbox"/>	Day Treatment Partial Hospitalization
<input type="checkbox"/>	Intensive Community Treatment
<input type="checkbox"/>	Intensive In-Home
<input type="checkbox"/>	MH Case Management-CSBs ONLY
<input type="checkbox"/>	MR Case Management-CSBs ONLY
<input type="checkbox"/>	Psychosocial Rehabilitation
<input type="checkbox"/>	Residential Treatment for Pregnant Women
<input type="checkbox"/>	Support Services

**MR Waiver Services**

<input type="checkbox"/>	Assistive Technology-CSBs and DME ONLY
<input type="checkbox"/>	Companion Services (Agency Directed)
<input type="checkbox"/>	Crisis Stabilization
<input type="checkbox"/>	Crisis Supervision
<input type="checkbox"/>	Day Support
<input type="checkbox"/>	Environmental Modification-CSB's DRS, or DME ONLY
<input type="checkbox"/>	Personal Assistance (Agency Directed)
<input type="checkbox"/>	Personal Emergency Response System (PERS)
<input type="checkbox"/>	Prevocational Services
<input type="checkbox"/>	Residential Support
<input type="checkbox"/>	Respite Services (Agency Directed)
<input type="checkbox"/>	Skilled Nursing Services
<input type="checkbox"/>	Supported Employment
<input type="checkbox"/>	Therapeutic Consultation

**DD Waiver Services**

<input type="checkbox"/>	Assistive Technology
<input type="checkbox"/>	Companion Services (Agency Directed)
<input type="checkbox"/>	Crisis Stabilization
<input type="checkbox"/>	Crisis Supervision
<input type="checkbox"/>	Day Support
<input type="checkbox"/>	Environmental Modification
<input type="checkbox"/>	Family and Caregiver Training
<input type="checkbox"/>	In-Home Residential Support
<input type="checkbox"/>	Personal Assistance (Agency Directed)
<input type="checkbox"/>	Personal Emergency Response System (PERS)
<input type="checkbox"/>	Prevocational Services
<input type="checkbox"/>	Respite Services (Agency Directed)
<input type="checkbox"/>	Skilled Nursing Services
<input type="checkbox"/>	Support Coordination
<input type="checkbox"/>	Supported Employment
<input type="checkbox"/>	Therapeutic Consultation

2. Services will be provided without regard to age, sex, race, color, religion, national origin, or type of illness or condition. In accordance with the terms of Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. §794,) no handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in VMAP.
3. The provider agrees to keep such records as VMAP determines necessary. The provider will furnish VMAP on request information regarding payments claimed for providing services under the State Plan. Access to records and facilities by authorized VMAP representatives and the Attorney General of Virginia or his authorized representatives, and authorized federal personnel will be permitted upon reasonable request.
4. The provider agrees that charges submitted for services rendered will not exceed the provider's usual and customary charges to the general public and agrees that all requests for payment will comply in all respects with the policies of VMAP for the submission of claims.
5. Payment made under VMAP constitutes full payment on behalf of the recipient except for patient pay amounts determined by DSS, and the provider agrees not to submit additional charges to the recipient for services covered under VMAP. The collection or receipt of any money, gift, donation or other consideration from or on behalf of a VMAP recipient for any service provided under VMAP is expressly prohibited and may subject the provider to federal or state prosecution.
6. The provider agrees to pursue all other health care resources of payment prior to submitting a claim to VMAP.
7. Payment by VMAP at its established rates for the services involved shall constitute full payment for the services rendered. Should an audit by authorized state or federal officials result in disallowance of amounts previously paid to the provider by VMAP, the provider shall reimburse VMAP upon demand.
8. The provider agrees to comply with all applicable state and federal laws, as well as administrative policies and procedures of VMAP as from time to time amended.
9. This agreement may be terminated at will on thirty days' written notice by either party or by VMAP when the provider is no longer eligible to participate in the program.
10. All disputes regarding provider reimbursement and/or termination of this agreement by VMAP for any reason shall be resolved through administrative proceedings conducted at the office of VMAP in Richmond, Virginia. These administrative proceedings and judicial review of such administrative proceedings shall be pursuant to the Virginia Administrative Process Act.
11. The provider agrees, at all times, to retain full responsibility for any and all performance under this agreement, whether performed by the provider or others under contract to the provider.
12. This agreement shall commence on \_\_\_\_\_. Your continued participation in the Virginia Medicaid Program is contingent upon the timely renewal of your license. Failure to renew your license through your licensing authority shall result in the termination of your Medicaid Participation Agreement.

For First Health's use only

Director, Division of Program Operations      Date

IRS Name (required)

mail one First Health - VMAP-Provider Enrollment Unit  
 completed original PO Box 26803  
 agreement Richmond, Virginia 23261-6803  
 to:

**For Provider of Services:**

Original Signature of Administrator

Date

Title

\_\_\_\_ City \_\_\_\_ County

IRS Identification Number

(Area Code) Telephone Number

Medicare Carrier and Vendor Number (if applicable)



Fiscal Agent for Virginia's Medical Assistance Program - Provider Enrollment Unit

Date

**Thank you for your request to participate in the Commonwealth of Virginia's Medical Assistance Program. Requesting to become a provider does not constitute automatic acceptance into the Program. Upon receipt of your completed agreement form(s), processing the enrollment may take up to 15 business days.** First Health is unable to accept altered agreements, agreements via fax, agreements with non-original signatures or agreements on thermal paper.

**Enclosed are blank agreement forms. Please verify all required information is complete and appropriate licensure has been submitted to expedite the enrollment process.**

**The following requirements or licensure type is listed below for individual services.**

- 1. Mental Health Clinics:** A Physician-Directed Agreement must be completed. CSB'S (Community Service Boards) and Private Mental Health Clinics must be licensed through DMHMRSAS (Department of Mental Health Mental Retardation and Substance Abuse Services).
- 2. Mental Health Mental Retardation and Substance Abuse Services, and Mental Retardation, Developmental Disabled Waiver Services Providers** must submit a copy of the license indicated below or currently be licensed through DMHMRSAS (Department of Mental Health Mental Retardation and Substance Abuse Services). Non-VA providers, call Provider Enrollment Unit for further instructions, (804) 270-5105 or (888-829-5373).

**I. Mental Health Mental Retardation and Substance Abuse Services**

- A. Crisis Intervention – DMHMRSAS**
- B. Crisis Stabilization- DMHMRSAS**
- C. Day Treatment for Children/Adolescents – DMHMRSAS**
- D. Day Treatment Or Residential Treatment for Pregnant Women - DMHMRSAS.**
- E. Day Treatment Partial Hospitalization – DMHMRSAS**
- F. Intensive Community Treatment DMHMRSAS**
- G. Intensive In-Home – DMHMRSAS**
- H. MH/MR Case Management-CSBs ONLY – DMHMRSAS**
- I. Psychosocial Rehabilitation - DMHMRSAS**
- J. Support Services – DMHMRSAS**

## **II. Mental Retardation Waiver Services**

- A. Assistive Technology** – CSBs or DME providers or if a Medicaid DME (Durable Medical Equipment) provider, no separate enrollment is required, unless not currently enrolled. Non-enrolled, a DME (Durable Medical Equipment) agreement form must be completed, and appropriate licensure submitted
- B. Companion Services (Agency Directed)** – DMHMRSAS-licensed Residential, Supportive Residential, Day Support, and Respite service providers and DMAS enrolled Personal Care/Respite Care providers.
- C. Crisis Stabilization-** DMHMRSAS license for Outpatient Residential, Supportive Residential, or Day Support Services.
- D. Crisis Supervision** – **DMHMRSAS license for Day Support, Residential or Supportive Residential services.**
- E. Day Support-** **DMHMRSAS license for Day Support services.**
- E. Environmental Modifications-** CSBs, DRS, or DME providers, or if a Medicaid DME (Durable Medical Equipment) provider, no separate enrollment is required, unless not currently enrolled. Non-enrolled, a DME (Durable Medical Equipment) agreement form must be completed, and appropriate licensure submitted.
- F. Personal Assistance** – DMHMRSAS license for Residential or Supportive Residential Service or, if a VA Medicaid Personal Care/Respite Care provider, no separate enrollment is required, unless not currently enrolled. If non-enrolled, a CBC Personal Care/Respite Care application and agreement form must be completed.
- G. Personal Emergency Response System (PERS)-** Certified Home Health or Personal Care provider, a hospital, a PERS manufacturer that has the ability to provide PERS equipment and the necessary services, or enrolled DME providers who have previously submitted a DME agreement along with their PERS application form; non-enrolled PER providers must complete a DME agreement form along with PERS application.
- H. Prevocational Services-**DMHMRSAS license for Day Support services or DRS approved vendor of Extended Employment Services, Long-Term Employment Services, or Supported Employment Services.
- I. Residential Support** – (MR SERVICES ONLY)-DMHMRSAS license for Residential, Supportive Residential, or Sponsored Placement; DMHMRSAS Interdepartmental license (under the Consortium of Interdepartmental Regulations); or DSS approved Adult Foster Care/Adult Family Care approval.
- J. Respite Care-** DMHMRSAS license for Supportive Residential, Center-based Respite, In-home Respite, Out-of-home Respite or Residential Services, DSS Foster Care Home or, if a VA Medicaid Personal Care/Respite Care provider, no separate enrollment is required, unless not currently enrolled. If non-enrolled, a CBC Personal Care/Respite Care application and agreement form must be completed.
- K. Skilled Nursing Services-** DMHMRSAS licensed Respite Care, Day Support, Residential or Supportive Residential provider employing a licensed RN or LPN; if VA Medicaid Private Duty Nursing or HHA (Home Health Agency) provider no separate enrollment is required, unless not currently enrolled. If non-enrolled, a Private Duty Nursing or HHA application and agreement forms must be completed and appropriate licensure submitted.
- L. Supported Employment-** DRS approved vendor of supported employment services.
- M. Therapeutic Consultation-** For individuals with necessary qualifications, a copy of current Virginia license or certification, along with the completion of Therapeutic Consultation application.

### III. Developmental Disability Waiver Services

- A. Adult Companion Care-** If a Medicaid CBC Personal Care provider or HHA (Home Health Agency), no separate enrollment is required. Non-enrolled a CBC Personal Care application, and agreement form must be filled out, or HHA (Home Health Agency) provider agreement form must be filled out and appropriate licensure submitted
- B. Assistive Technology-** If a Medicaid DME (Durable Medical Equipment) provider, no separate enrollment is required. Non-enrolled a DME agreement form must be filled out
- C. Attendant Care and Respite Care-Consumer Directed-** If a Medicaid Consumer Directed Service Facilitator, no separate enrollment is required. Non-enrolled a CBC Consumer Directed Service Facilitator application, and agreement form must be filled out.
- D. Companion Services (Agency Directed) –** DMHMRSAS-licensed Residential, Supportive Residential, Day Support, and Respite service providers and DMAS enrolled Personal Care/Respite Care providers.
- E. Crisis Stabilization/Crisis Supervision -DMHMRSAS**
- F. Day Support – DMHMRSAS or provider with CARF certification**
- G. Environmental Modifications-** If a Medicaid DME (Durable Medical Equipment) provider, no separate enrollment is required. Non-enrolled a DME agreement form must be filled out along with MHMRSAS/MR DD WAIVER agreement form filled out
- H. Family and CareGiver Training- (DD WAIVER ONLY) Family and Caregiver Training application along with MHMRSAS & DD Waiver agreement filled out.**
- I. In-Home Residential Support-DMHMRSAS**
- J. Personal Care/Respite Care Agency Services-** If a Medicaid Personal Care or Respite Care provider, no separate enrollment is required. Non-enrolled a CBC Personal Care or Respite Care application and agreement form must be filled out
- K. Personal Emergency Response System (PERS)-**DME providers who have filled out PERS application along with DME agreement form. Non-enrolled DME agreement form Along with PERS application must be filled out
- L. Prevocational Services-**DMHMRSAS license for Day Support services or DRS approved vendor of Extended Employment Services, Long-Term Employment Services, or Supported Employment Services.
- M. Skilled Nursing Services-**DMHMRSAS, or if a VA Medicaid Private Duty Nursing or HHA, no separate enrollment is required. Non-enrolled a Private Duty Nursing or HHA application and agreement form must be filled out and appropriate licensure submitted
- N. Support Coordination-**CBC Support Coordination application along with MHMRSAS and DD Waiver agreement form
- O. Supported Employment-** DRS approved vendor or CARF certification
- P. Therapeutic Consultation-** DHP (Department of Health Professions) license, along with Therapeutic Consultation application form filled out

1. EMC billing information: Billing by tape, diskette, or dial-up, contact **First Health-VMAP** at (804) 270-5105 or 1-888-829-5373 for accepted formats.
2. If questions, call 1-804-270-5105 or 888-829-5373. Please complete and return to **First Health** at the following address:

First Health - VMAP-PEU  
 PO Box 26803  
 Richmond, VA 23261-6803

**PERSONAL CARE ASSISTANT TRAINING COURSE OUTLINE**  
**(AGENCY DIRECTED)**

**I. THE AGENCY, THE PROVIDER, AND THE COMMUNITY**

**A. Introduction to the Agency**

1. Structure of organization
2. Overall programs of the agency
3. Agency policies and procedures (e.g., payroll, record keeping, travel and meal expenses, requirements of dress, confidentiality, ethics)

**B. Introduction to Personal/Respite Care Services**

1. Definition and objectives of the services
2. The team approach to provision of services
  - a. Personnel involved (e.g., supervisor, client, physician)
  - b. Roles and relationships of personnel involved
3. Role of assistant in the provision of services

**C. Introduction to the Community**

1. Community resources available
2. Relationship to other agencies

**II. PERSONS WITH MENTAL RETARDATION**

**A. Physical and Psychological Aspects of Mental Retardation**

**B. Physical and Emotional Needs of the Persons with Mental Retardation**

**C. Types of Common Health Problems**

**D. Types of Situations in which the Personal/Respite Care Assistant May Be Involved**

**E. Physical Factors of Special Importance to Persons with Mental Retardation**

**F. Concepts of Work and the Elderly Persons with Mental Retardation**

**III. THE PHYSICALLY ILL AND DISABLED**

**A. Effects of Illness on the Family**

1. Financial
2. Psychological
3. Behavioral

**B. Effects of Chronic Illness on the Way an Individual Feels about Himself or Herself**

**C. Individual Reactions to Illness**

1. Between family
2. Between individuals

#### D. Orientation to Types of Physical Disabilities which May Be Encountered

1. Rheumatoid arthritis
2. Stroke
3. Heart trouble

### IV. PERSONAL CARE AND REHABILITATIVE SERVICES

#### A. Body Mechanics

1. Importance of body mechanics to the personal care assistant and client
2. Limitations on the personal care assistant to activities
3. Techniques of body mechanics
  - a. Helping the client sit up in bed
  - b. Moving the client in bed
  - c. Helping the client move from:
    1. Bed to chair and return
    2. Bed to wheelchair and return
    3. Bed to toilet or commode and return
    4. Bed to tub or shower and return
    5. Chair to commode and return
    6. Chair to tub and return
    7. Wheelchair to tub and return
    8. Wheelchair to commode and return
  - d. Helping the client walk with walker, crutches, and cane

#### B. Personal/Respite Care

1. Importance of personal/respite care activities to the client
2. Limitations on the personal/respite care assistant's activities
  - a. Importance of understanding
  - b. Policies and procedures regarding requests for unauthorized activities
3. Techniques of personal care
  - a. Assisting the client with eating
  - b. Assisting the client with dressing
  - c. Mouth care
  - d. Hair care
  - e. Shaving male patients
  - f. Fingernail care, toenail care
  - g. Bathing, tub, shower, bed
  - h. Bed-making with and without the patient in bed
  - i. Elimination
  - j. Back rub

### V. HOME MANAGEMENT

#### A. Care of the Home and Personal Belongings

1. Importance of maintaining a clean environment
2. Preparation of housekeeping tasks
  - a. Scheduling of tasks
  - b. Types of cleaning and laundry supplies



- c. Organization of supplies and equipment
  - d. Use of proper body mechanics
- 3. Routine care and use of:
  - a. Cleaning equipment
  - b. Laundry equipment
  - c. Kitchen equipment
- 4. Emergencies related to:
  - a. Heating equipment
  - b. Water supply
  - c. Electricity
- 5. Care of furniture
- 6. Repair of clothing and linen
- 7. Pest control
- 8. Care of an individual's environment

## VI. SAFETY AND ACCIDENT PREVENTION IN THE HOME

### A. Common Types of Accidents

### B. Accident Prevention

- 1. Typical hazards in the home
  - a. Bathroom
  - b. Kitchen
  - c. Stairway
  - d. General
- 2. Ways to safety-proof the home

### C. Policies and Procedures Regarding Accidents or Injuries in the Home to Self and Client

- 1. Limitations of the assistant
- 2. Techniques of simple first aid
  - a. Treatment of abrasion
  - b. Treatment of abrasions, cuts, bruises
  - c. Treatment of first and second degree burns
  - d. Poisoning
- 3. Medical and fire emergencies

## VII. FOOD, NUTRITION, AND MEAL PREPARATION

### A. Importance of Nutrition to the Individual

### B. General Concept of Planning Meals

- 1. Nutritional value
- 2. Cultural and ethnic food patterns
- 3. Individual likes and dislikes
- 4. Budgetary limitations

### C. Special Considerations of Normal Diet:

- 1. Persons with Mental Retardation
- 2. Ill

D. Special Considerations in Preparation of Special Diets

1. Importance of special diets
2. Common types of special diets
3. Policy and procedure regarding the assistant's activities in relation to special diets

E. Food Purchasing and Preparation

1. Buying guides
2. Techniques of food preparation

F. Food Storage and Sanitation





**MAILING SUSPENSION REQUEST  
SERVICE CENTER AUTHORIZATION  
SIGNATURE WAIVER  
PHARMACY POINT-OF-SALE**

Please review and check the blocks which pertain to you:

☐ **MAILING SUSPENSION REQUEST:**

I do not wish to receive Medicaid memos, forms, or manual updates under the Medicaid provider number given below.

☐ **COMPUTER GENERATED CLAIMS:**

I certify that I have authorized the following service center to submit computer-generated invoices (by modem, diskette or tape) to Virginia Medicaid:

\_\_\_\_\_  
(Service Center Preparing Invoices)

**Service center code:** \_\_\_\_\_ **Magnetic Tape RA:** YES NO (Circle One)

**Prior service center code:** \_\_\_\_\_

☐ **SIGNATURE WAIVER:**

I certify that I have authorized submission of claims to Virginia Medicaid which contain my typed, computer generated, or stamped signature.

☐ **PHARMACY POINT-OF-SALE AUTHORIZATION (in-state providers only):**

I wish to submit Point-of-Sale billings to Virginia Medicaid.

I understand that I am responsible for the information presented on these invoices and that the information is true, accurate, and complete. I further understand that payment and satisfaction of these claims will be from federal and state funds and that false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws.

**PROVIDER NAME:** \_\_\_\_\_

**PROVIDER NUMBER:** \_\_\_\_\_ Leave blank, if number pending.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

Please return completed form to:

**First Health**  
VMAP-PEU  
PO Box 26803  
Richmond, Virginia 23261-6803  
1-804-270-5105